

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for dates of service 07/09/01 and 07/18/01?
- b. The request was received on 01/25/02.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC-60 and Letter Requesting Dispute Resolution
 - b. HCFA-1500s
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. The Respondent did not submit a response to the request. The “No Response Submitted” sheet is reflected in Exhibit 2 of the Commission’s case file. The Commission case file does not contain a record of the Division notifying the insurance carrier Austin Representative of their copy of the request per Commission Rule 133.307 (g) (4).

III. PARTIES' POSITIONS

1. Requestor: The services provided were all billed according to the Medical Fee Guideline (MFG). The carrier has improperly denied reimbursement or have reimbursed and amount that is not fair and reasonable.
2. Respondent: No response received

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1)&(2), the only dates of service eligible for review are 07/09/01 and 07/18/01.

2. The Carrier's EOBs have the denials: "G – UNBUNDLING, M – NO MAR SET BY TWCC-REDUCED TO FAIR AND REASONABLE, and N – NOT APPROPRIATELY DOCUMENTED."
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Codes	MARS	REFERENCE	RATIONALE:
07/09/01	99070	\$35.00	\$17.50	N, M	DOP	Texas Workers' Compensation Act & Rules, Sec. 413.011 (d); MFG, GI (III)(A), CPT descriptor	The carrier's first EOB was denied as "N" and reimbursed \$0.00. The medical documentation is adequate to show the services were provided as billed. The carrier reduced to "fair and reasonable" upon reconsideration. The provider has not included in their dispute packet any reimbursement data that would show the amount of reimbursement received is not fair and reasonable. Therefore, no additional reimbursement is recommended.
07/18/01	99002	\$10.00	\$0.00	G	\$10.00	MFG, CPT descriptor	The medical documentation indicates that the service were provided were per the CPT descriptor and billed correctly. Therefore, reimbursement of \$10.00 is recommended.
07/18/01	A4580	\$12.00	\$6.00	M	DOP	Texas Workers' Compensation Act & Rules, Sec. 413.011 (d); MFG, GI (III)(A), HCPCS Code descriptor	The carrier "reduced to fair and reasonable." The medical documentation indicates the service were performed as billed. The provider has submitted reimbursement data that indicates the \$12.00 billed is fair and reasonable. The carrier has not submitted evidence to the contrary. Therefore, additional reimbursement of \$6.00 is recommended.
Totals		\$57.00	\$23.50				The Requestor is entitled to reimbursement in the amount of \$16.00.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$16.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 22nd day of April, 2002.

Larry Beckham
Medical Dispute Resolution Officer
Medical Review Division

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.